



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90159 040 \*\*\*\*55.00

DOCUMENT # L06000065940					
1. Entity Name IDEAS UNLIMITED, LLC					
Principal Place of Business 6860 GULFPORT BLVD. S. SUITE 301 ST. PETERSBURG, FL 33707 US			Mailing Address 6860 GULFPORT BLVD. S. SUITE 301 ST. PETERSBURG, FL 33707 US		
2. Principal Place of Business - No P.O. Box # 6860 GULFPORT BLVD. S.		3. Mailing Address 6860 GULFPORT BLVD. S.			
Suite, Apt. #, etc. SUITE 301		Suite, Apt. #, etc. SUITE 301			
City & State ST. PETERSBURG, FL.		City & State ST. PETERSBURG, FL.			
Zip 33707		Country US		04032007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-5127456		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKAY, JUDY 6860 GULFPORT BLVD. S. SUITE 301 ST. PETERSBURG, FL 33707		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Judith Linn McKay</u> DATE <u>April 3, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKAY, JUDY 6860 GULFPORT BLVD. S., SUITE 301 ST. PETERSBURG, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Judith Linn McKay</u>			April 3, 2007 (727) 642-3658 <small>Date Daytime Phone #</small>		